NEW HAMPSHIRE RETIREMENT HEALTH AND DENTAL RATES

EFFECTIVE 01/01/2020

		SINGLE	2-PERSON	FAMILY
POLICE Retirees Only				
ANTHEM HMO 100 SOS	Rate	$ 852.59	$ 1,713.68	$ 2,293.42
(Access Blue New England)	Subsidy	$ (375.56)	$ (751.12)	$ (751.12)
	Retiree Share	$ 477.03	$ 962.56	$ 1,542.30
ANTHEM HMO 250 SOS Plan	Rate	$ 837.87	$ 1,684.14	$ 2,253.84
(Access Blue New England)	Subsidy	$ (375.56)	$ (751.12)	$ (751.12)
	Retiree Share	$ 462.31	$ 933.02	$ 1,502.72
ANTHEM LUMENOS HDHP..Regional NE States	Rate	$ 670.99	$ 1,348.78	$ 1,805.05
Allows you to Open an H S A account	Subsidy	$ (375.56)	$ (751.12)	$ (751.12)
	Retiree Share	$ 295.43	$ 597.66	$ 1,053.93
FIRE Retirees Only				
ANTHEM POS 100 SOS	Rate	$ 1,231.24	$ 2,474.78	$ 3,312.01
(Blue Choice New England)	Subsidy	$ (375.56)	$ (751.12)	$ (751.12)
	Retiree Share	$ 855.68	$ 1,723.66	$ 2,560.89
ANTHEM POS 250 SOS	Rate	$ 1,209.67	$ 2,431.41	$ 3,253.96
(Blue Choice New England)	Subsidy	$ (375.56)	$ (751.12)	$ (751.12)
	Retiree Share	$ 834.11	$ 1,680.29	$ 2,502.84
ANTHEM HMO 100 SOS	Rate	$ 852.59	$ 1,713.68	$ 2,293.42
(Access Blue New England)	Subsidy	$ (375.56)	$ (751.12)	$ (751.12)
	Retiree Share	$ 477.03	$ 962.56	$ 1,542.30
ANTHEM HMO 250 SOS Plan	Rate	$ 837.87	$ 1,684.14	$ 2,253.84
(Access Blue New England)	Subsidy	$ (375.56)	$ (751.12)	$ (751.12)
	Retiree Share	$ 462.31	$ 933.02	$ 1,502.72
ANTHEM LUMENOS HDHP..Regional NE States	Rate	$ 670.99	$ 1,348.78	$ 1,805.05
Allows you to open an H S A account	Subsidy	$ (375.56)	$ (751.12)	$ (751.12)
	Retiree Share	$ 295.43	$ 597.66	$ 1,053.93
Available only to retriees living permanently outside of New England				
ANTHEM HMO (and PPO out of State Plan)	Rate	$ 878.95	$ 1,766.69	$ 2,364.35
(Access Blue New England)	Subsidy	$ (375.56)	$ (751.12)	$ (751.12)
	Retiree Share	$ 503.39	$ 1,015.57	$ 1,613.23
ANTHEM LUMENOS HDHP..National	Rate	$ 670.99	$ 1,348.78	$ 1,805.05
(High Deductible Health Plan) allows you	Subsidy	$ (375.56)	$ (751.12)	$ (751.12)
to Open an H S A Account	***Retiree Share***	$ 295.43	$ 597.66	$ 1,053.93
Retirees on Disability				
(MEMBER/SPOUSE ON MEDICARE DISABILITY	Subsidy (Medicare Dis)	$ (236.84)	$ (236.84)	$ (236.84)
Subsidy breakdown	Subsidy (regular)	$ -	$ (375.56)	$ (375.56)
Retirees Over 65				
United American Insurance Company	Rate	$ 451.32		
Medicare Supplemental (Plan F & G)	Subsidy	$ (236.84)		
(Subject to change effective 1/1/2021)	**Retiree share**	$ 214.48		
Retiree Dental Insurance				
		SINGLE	**2-PERSON**	**FAMILY**
Delta Dental	Rate	$ 40.50	$ 78.58	$ 150.95